

Toward Strategic Measures of Community-Partnered Capacity for Policy Change

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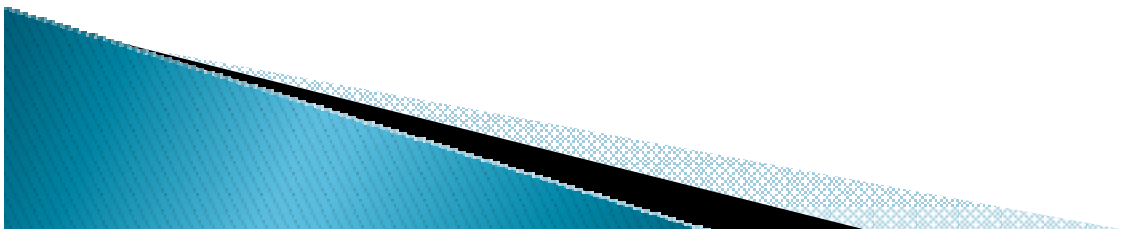
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Presentation Organization

- I. The need for a more strategic CBPR?
- II. Strategic challenges to building CBPR capacity for policy change
- III. Toward strategic measures of community-partnered capacity for policy change



Key Principles of CBPR (for PPR)

- ▶ CBPR facilitates collaborative, **equitable partnerships** in **all phases** of the research.
- ▶ CBPR integrates and achieves a **balance between research and action for the mutual benefit of all partners.**
- ▶ CBPR builds on **strengths and resources within the community.**
- ▶ CBPR promotes **co-learning and capacity building among all partners.**
- ▶ CBPR emphasizes **local relevance** of public health problems and **ecological perspectives** that recognize and attend to the **multiple determinants of health** and disease.

Israel, Schulz, Parker, & Becker (1998)

The Need for Strategic CBPR

There is now great urgency “to develop a comprehensive research agenda linked to the NIH strategic plans, and to focus our efforts on shaping public policy to eliminate racial and ethnic health disparities.” (Stephen Thomas, et al., *Health Promotion Practice*, July 2006)

--While CBPR has contributed significantly to the reform of community-based public health research efforts over the last decade, the continuing growth of health disparities indicates the need for more strategic efforts to understand how CBPR initiatives can be deployed and coordinated more effectively to tackle health inequities.

Do we need an additional **strategic** principle or emphasis within CBPR in order to build its capacity to eliminate health inequities? :

--As **equitable** practice dedicated to **integrating research and action** for the **mutual benefit of all partners**:

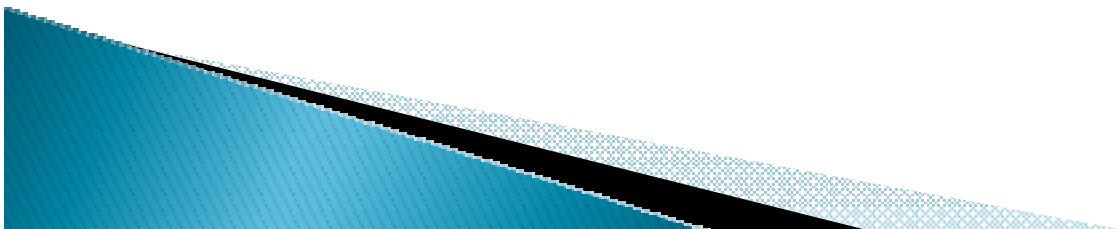
CBPR places community organizing for policy change at the heart of its strategic work, and expects that funders interested in fully supporting CBPR will recognize the need to support elements of community organizing as the strategic core of any robustly supported CBPR initiative.

Participatory Policy Research: Unifying the Dialectic of Research and Practice

- ▶ While research and policy advocacy have traditionally been viewed as separate activities, “CBPR principles question this distinction between research and action, and PPR [Participatory Policy Research] especially insists on the unity of this dialectic” (Freudenberg, et al., 2005).

The Research/Knowledge Gap

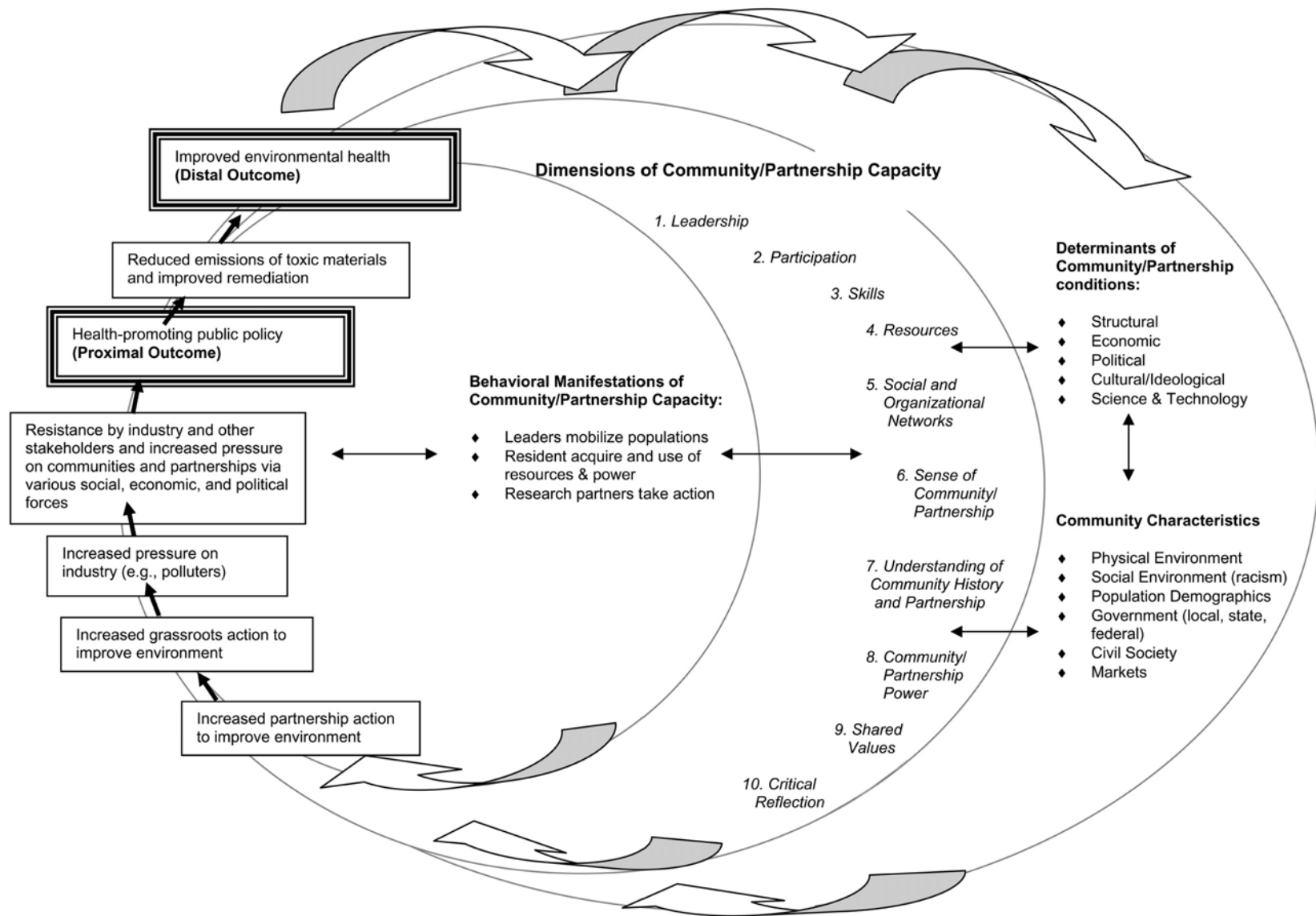
- ▶ “Studies of the impacts of CBPR have often been disappointing in their ability to demonstrate ... likely impacts of these collaborative efforts on the ... community or policy levels” (Minkler, et al., 2006).



Dimensions of Community/Partnership Capacity

- ▶ Leadership
- ▶ Participation
- ▶ Skills
- ▶ Resources
- ▶ Social and Organizational Networks
- ▶ Critical Reflection
- ▶ Community/Partnership Power
- ▶ Sense of Community and Partnership Identity
- ▶ Understanding of Community/Partnership History
- ▶ Shared Values

SOURCE: Adapted from Goodman et al. (1998),
Freudenberg (2004), Minkler et al. (2006).



Dynamic Model of Dimensions of Community/Partnership Capacity (Minkler, Vasquez, Tajik, and Petersen, 2006)

Part Two

Strategic Challenges to Building CBPR Capacity for Policy Change

The Challenge for CBPR

- ▶ How can we transform CBPR to give it the strategic focus that will make it a “driver” of national policy reform to eliminate health disparities (for example, in *Healthy People 2020*)?

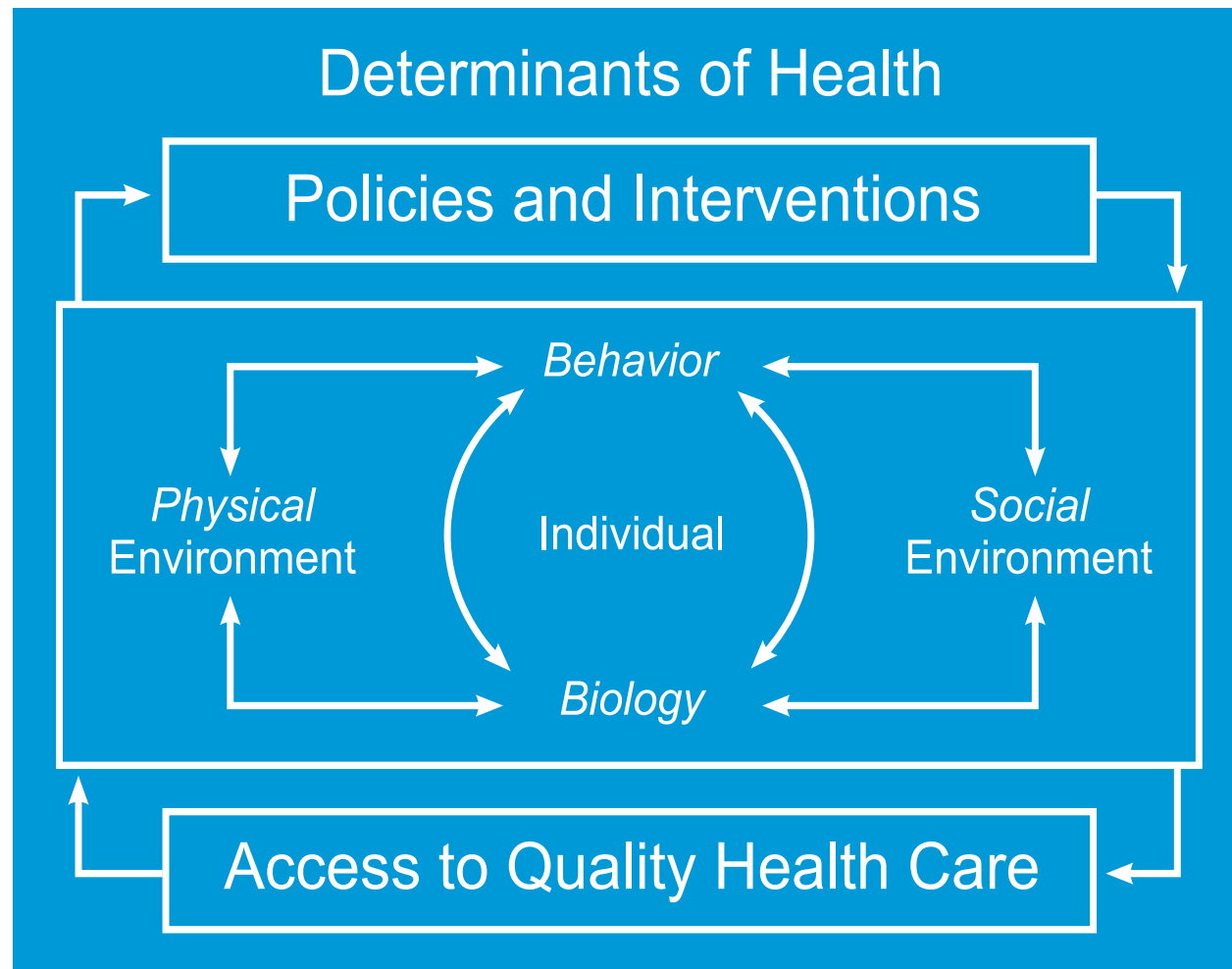
Healthy People in Healthy Communities

A Community Planning Guide Using
Healthy People 2010



HEALTHY
PEOPLE
2010

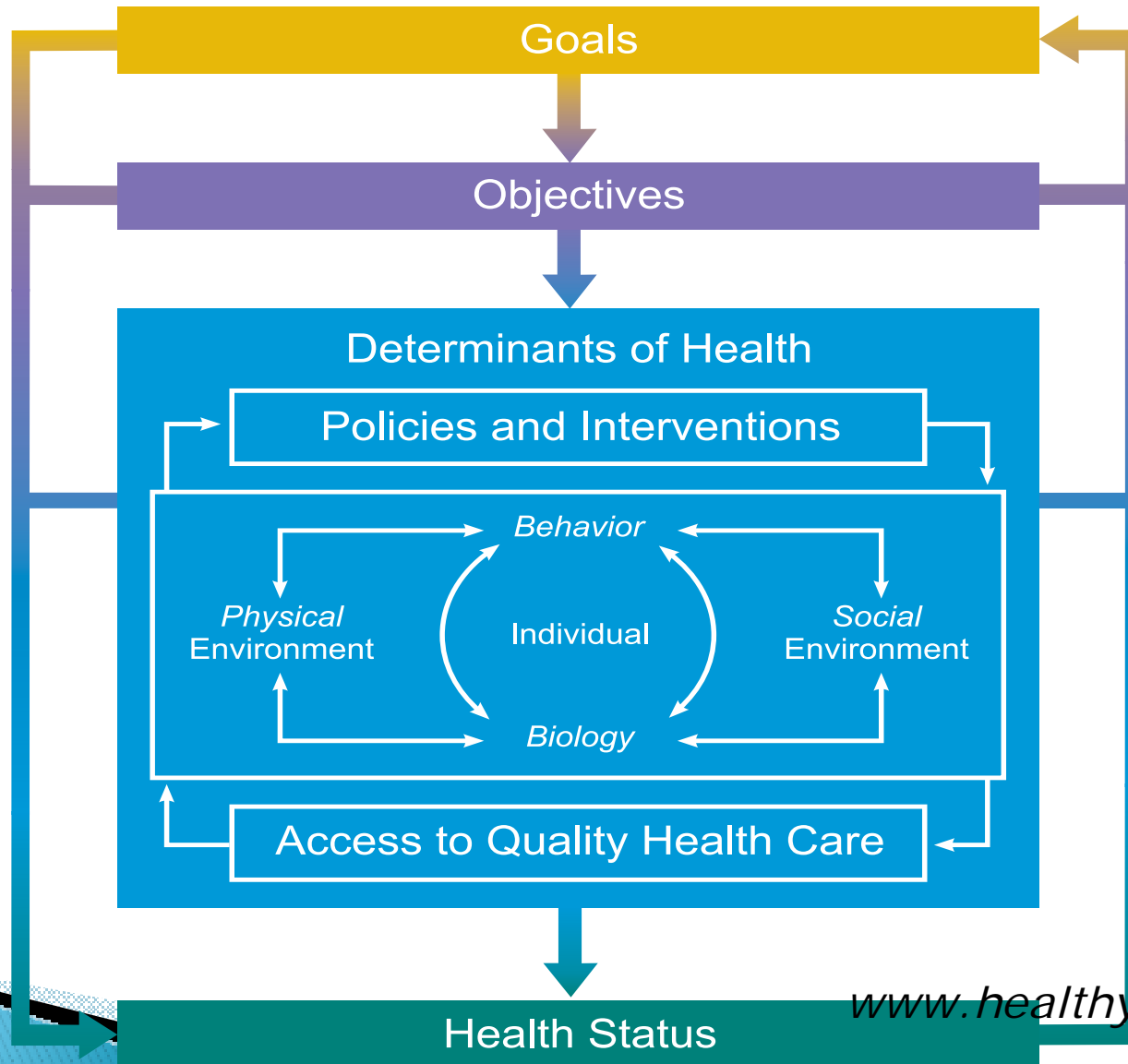
Determinants of Health (HP2010)



www.healthypeople.gov

Healthy People in Healthy Communities

A Systematic Approach to Health Improvement



www.healthypeople.gov

Problem— System without Strategy

“Successful community partnerships use a systematic approach to health improvement. . . *Healthy People 2010* is built on this systematic approach to health improvement.”

(Healthy People 2010: Understanding and Improving Health)

- ▶ **But a “systematic approach” without strategic focus or prioritized organization, as the *Healthy People* midcourse review indicated, is problematic for achieving significant change in the fundamental determinants of health.**

The Challenge of the *Political Economy* of Health

- ▶ “It is in the *realm of politics*, however, that the key question must be resolved:
 - What amount of resources does a society want to invest in health and quality of life, and who should pay?”

--I. Kickbusch, 2003

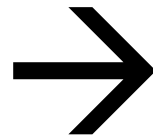
David Williams the & 2008 RWJ National Commission on Health Equity

- ▶ “Governments can do much to improve health and health care, and strong federal leadership is indispensable to improving health in the United States. However, given the multiple factors underlying disparities in health, a **coordinated effort by multiple departments and agencies is essential. . . .**
- ▶ “**Taking seriously the broad social determinants of health would require enlisting multiple sectors of society, as well as mounting crosscutting efforts by federal agencies** to maximize government spending to improve health and reduce health inequalities.”

(D. Williams, 2005)

HP2010 recognized that:

- ▶ “Community partnerships, particularly when they reach out to nontraditional partners, can be among the most effective tools for improving health in communities,”
- ▶ but did little to leverage the strategic potential of community-based partnerships to mobilize and become more effective agents for tackling health inequities.



Building Sustainable CBPR Policy Partnerships

Strategies for building Sustainable CBPR Policy Partnerships will—

- ▶ Engage community organizing and community capacity-building for policy change as a strategic component of CBPR and movement building to transform the dominant political economy governed by:
- ▶ A siloed structure of policymaking that keeps health policy separated from policies related to transportation, food retailing, housing, education, urban planning, employment, and wage standards.

**CBPPR—
A Strategic Practice for
“Unifying the Dialectic” of
Research and Practice &
Reshaping Power to Eliminate
Health Disparities**

Part Three

Toward Strategic Measures of Community- Partnered Capacity for Policy Change

My Community-Based Participatory Policy Research (CBPPR) Objectives:

Working with my colleagues in the Detroit Community-Academic Urban Research Center (URC) and the REACH Detroit partnership, I seek to:

- ▶ 1. Identify what partnership members consider to be the most important CBPR partnership skills/capacities for engaging in successful policy change work.
- ▶ 2. Identify key strategic measures that allow community-based participatory researchers to evaluate the capacity of community-based partnerships to successfully engage in policy change interventions.

My Community-Based Participatory Policy Research (CBPPR) Objectives:

- ▶ 3. Articulate a critical policy/advocacy training framework that best assists CBPR partnerships in strengthening their strategic capacity to engage in successful policy interventions to reduce or eliminate health disparities.
- ▶ 4. Develop specific community-based participatory policy research products and tools to facilitate this capacity-building, including Detroit-specific policy briefs and community asset tools for use by community members.

Elements of CBPPR Project

- A) Closed-ended evaluation questionnaires, containing base-line policy and advocacy-related questions: completed by the members of the URC Board, and the REACH Detroit Steering Committee

- B) Semi-structured interviews with the community and academic members of the URC policy subcommittee, and the REACH Detroit Steering Committee

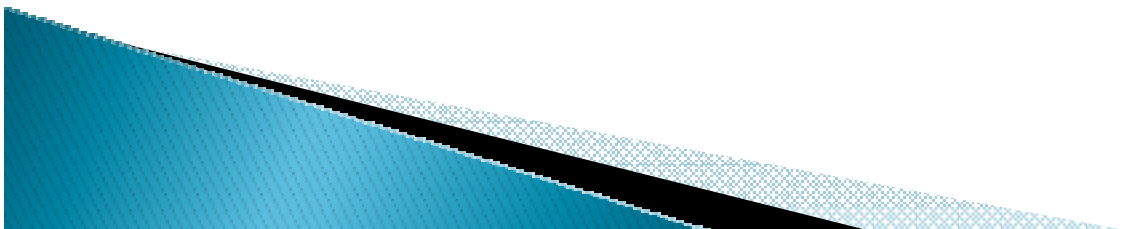
Elements of CBPPR Project

C) A series of Focus Group Discussions:

1. With key URC partner organizations—with focus on the community-based organizations within the partnership that have developed high levels of policy and advocacy expertise: two community development organizations, the environmental justice organization
2. One focus group with academic members of the URC Board
3. One focus group with members of the URC Policy Subcommittee (community and academic)
4. One focus group with members of the REACH Steering Committee

Elements of CBPPR Project

- D) Collaborative community-academic analysis of data
- E) Co-presentation & write-up of research results



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Toward Potential Measures of CBPR Capacity for Policy Change

1. Leadership: # and % of individuals within partnership with experience in leading or developing various aspects of a policy/advocacy campaign, or participating on policymaking boards or committees
2. Participation: overall % of partnership members who engage actively in partnership activities; % members who have experience participating in policy/advocacy campaign; # individuals who have experience recruiting others to participate in voluntary activities
3. Resources: level and kinds of access to policymaking and advocacy resources, toolkits, etc., and access to funding for training in policy/advocacy skills

Toward Potential Measures of CBPR Capacity for Policy Change

4. # / % of partnership staff/leadership with already existing skills in:
 - a) Working with media
 - b) Community organizing
 - c) Writing policy briefs; legislative
 - d) Network/coalition development
 - e) Critical reflection/strategic power analysis**
5. Measures of Network strength (“Community/ Partnership Power”): solidarity, diversity, multi-level depth of the supporting coalition
6. Measures of capacity to present accurate scientific data as part of an advocacy campaign: connections, linkage to, or membership of scientific “experts” or advisors within the coalition, willing to speak for the coalition

The *Call to Action* on Health Inequities

- ▶ CBPPR and **community-based policy action** can be a strategic catalyst for **mobilizing social movement and building political will** to respond to Reports that will be issued in 2008 by both the **RWJ National Commission on Health Equity** and the **WHO Commission on the Social Determinants of Health** (Marmot 2007), which will call for the mobilization of national and global movements to eliminate health inequities.

Conclusion

CBPR has a pivotal ***strategic role*** to play in

- laying the evidence-based foundation for, and providing strategic guidance to, this movement for health equity
- strengthening the community, institutional, policy, and political capacity required to transform our inequitable political economy into one that is equitable and sustainable.

Conclusion

But in order for this potential to be realized, several things need to happen:

1. More research is needed into specific mechanisms/characteristics that make CBPR partnerships that engage community organizing and policy change most effective at altering the fundamental determinants of health disparities, building on the ongoing work of Minkler, et al...
2. Restructuring the NIH and CDC funding mechanisms for CBPR to provide more direct support for integrating community organizing and policy change work as a core part of CBPR projects...

Conclusion

3. Coordinated national Advocacy (through CCPH, the CBPH caucus of APHA, the NCC of the PRCs) for making the community organizing/policy advocacy component of CBPR pivotal to coordinating work toward the achievement of NIH, HP2020, and OMH objectives for eliminating health disparities.

- ▶ Power concedes nothing without a demand. It never did, and it never will. (Frederick Douglass, 1857)
- ▶ Knowing is not enough; we must apply. Willing is not enough; we must do. (Gandhi)

Working Together
to
*Make Health
Disparities History*

Acknowledgments

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 - ▶ Donele Wilkins, Exec. Dir., Detroiters Working for Environmental Justice
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- Detroit Community-Academic Urban Research Center (URC) www.sph.umich.edu/urc
 - REACH Detroit Partnership
healthylifestyles.ssw.umich.edu

I would appreciate your comments and questions:

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--Thank you--